

11/28/01
1048 U.S. PTO

12-03-01

A
10/28/11
9/997423
1048 U.S. PTO

Please type a plus sign (+) inside this box ☐

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 102729-0012	
		First Inventor Kimberly A. Gillis, Ph.D.	
		Title EXPRESSION ANALYSIS OF FKBP, etc.	
		Express Mail Label No. EL684299614US	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Box Patent Application U.S. Patent and Trademark Office P. O. Box 2327	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 101] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
		b. Specification Sequence Listing on: <ul style="list-style-type: none">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii. <input type="checkbox"/> paper	
		c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5]		ACCOMPANYING APPLICATIONS PARTS	
5. Oath or Declaration [Total Pages 5] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Unexecuted (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small>		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small>	
		11. <input type="checkbox"/> English Translation Document (if applicable)	
		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small>	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small>	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small>	
		17. <input type="checkbox"/> Other: Check in the amount of \$1,400.00 Limited Recognition Under 37 CFR §10.9(b)	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____ For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		021125 or <input type="checkbox"/> Correspondence address below	
Name	NUTTER MCCLENNEN & FISH LLP Thomas J. Engellenner		
Address	One International Place		
City	Boston	State	MA
Country	US	Zip Code	02110-2699
	Telephone	(617) 439-2000	Fax (617) 310-9000
Name (Print/Type)	Thomas J. Engellenner	Registration No. (Attorney/Agent)	28,711
Signature			Date November 28, 2001
Transmittal-New Utility Patent Application I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL684299614US, in an envelope addressed to: Box Patent Application, U.S. Patent and Trademark Office, P. O. Box 2327, Arlington, VA 22202, on the date shown below. Dated: November 28, 2001 Signature: (Thomas J. Engellenner)			

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	Not Yet Assigned
		Filing Date	November 28, 2001
		First Named Inventor	Kimberly A. Gillis, Ph.D.
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Application claims small entity status. See 37 CFR 1.27	Group Art Unit	N/A	
TOTAL AMOUNT OF PAYMENT	(\$) 1,580.00,400	Attorney Docket No.	102729-0012

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	3. ADDITIONAL FEES																																	
<input type="checkbox"/> Money Order	<input type="checkbox"/> Other																																		
<input type="checkbox"/> None																																			
Deposit Account Number: 141449																																			
Deposit Account Name: Nutter McClennen & Fish LLP																																			
The Commissioner is hereby authorized to: (check all that apply)																																			
<input type="checkbox"/> Charge fee(s) indicated below																																			
<input checked="" type="checkbox"/> Credit any overpayments																																			
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application																																			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																																			
FEE CALCULATION																																			
1. BASIC FILING FEE																																			
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr><tr><td>101 740</td><td>201 370</td><td>Utility filing fee</td><td>740.00</td></tr><tr><td>106 330</td><td>206 165</td><td>Design filing fee</td><td></td></tr><tr><td>107 510</td><td>207 255</td><td>Plant filing fee</td><td></td></tr><tr><td>108 740</td><td>208 370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114 160</td><td>214 80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="2">SUBTOTAL (1)</td><td>(\$) 740.00</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			101 740	201 370	Utility filing fee	740.00	106 330	206 165	Design filing fee		107 510	207 255	Plant filing fee		108 740	208 370	Reissue filing fee		114 160	214 80	Provisional filing fee		SUBTOTAL (1)		(\$) 740.00			
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code (\$)	Fee Code (\$)																																		
101 740	201 370	Utility filing fee	740.00																																
106 330	206 165	Design filing fee																																	
107 510	207 255	Plant filing fee																																	
108 740	208 370	Reissue filing fee																																	
114 160	214 80	Provisional filing fee																																	
SUBTOTAL (1)		(\$) 740.00																																	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																																			
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Fee Code (\$)</td><td>Fee Code (\$)</td><td></td><td></td></tr><tr><td>103 18</td><td>203 9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102 84</td><td>202 42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104 280</td><td>204 140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109 84</td><td>209 42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110 18</td><td>210 9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="2">SUBTOTAL (2)</td><td>(\$) 840.00</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Description	Fee Paid	Fee Code (\$)	Fee Code (\$)			103 18	203 9	Claims in excess of 20		102 84	202 42	Independent claims in excess of 3		104 280	204 140	Multiple dependent claim, if not paid		109 84	209 42	** Reissue independent claims over original patent		110 18	210 9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)		(\$) 840.00			
Large Entity	Small Entity	Fee Description	Fee Paid																																
Fee Code (\$)	Fee Code (\$)																																		
103 18	203 9	Claims in excess of 20																																	
102 84	202 42	Independent claims in excess of 3																																	
104 280	204 140	Multiple dependent claim, if not paid																																	
109 84	209 42	** Reissue independent claims over original patent																																	
110 18	210 9	** Reissue claims in excess of 20 and over original patent																																	
SUBTOTAL (2)		(\$) 840.00																																	
Total Claims: 34 -20** = 14 x 18.00 = 252.00																																			
Independent Claims: 10 -3** = 7 x 84.00 = 588.00																																			
Multiple Dependent																																			
SUBTOTAL (3) (\$)		0.00																																	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas J. Engellenner	Registration No. (Attorney/Agent)	28,711
Signature		Telephone	(617) 439-2948
		Date	November 28, 2001

Fee Transmittal	
I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL684299614US, in an envelope addressed to: Box Patent Application, U.S. Patent and Trademark Office, P. O. Box 2327, Arlington, VA 22202, on the date shown below.	
Dated: November 28, 2001	Signature: (Thomas J. Engellenner)

PATENT APPLICATION SERIAL NO. _____

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

12/04/2001 WABDELRI 00000029 09997423

01 FC:101	740.00 OP
02 FC:102	252.00 OP
03 FC:102	336.00 OP
04 FC:197	72.00 OP

Adjustment date: 06/20/2002 HPRASASD
12/04/2001 WABDELRI 00000029 09997423
04 FC:197 -72.00 OP

06/20/2002 HPRASASD 00000008 09997423

01 FC:102	252.00 OP
-----------	-----------